DOCUMENT INVENTORY FORM - ETS

Name: _____

TERM PY ~~Department:~~ _____

Office Location: _____

Tel. Extension: _____

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS	—	—	—	
	DOCUMENTATION	—	—		
	PHF	—	—		
	PROTOCOLS	6 4	400 405	Binder Binder	
	RAW DATA	3 5 1	400 405 405	Binder Tray Binder	
	REPORTS	7	400	Binder	

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Sep. 7. 1993 5:33PM No. 3207 P. 3

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